

1. This tool records your risk judgements associated with the person's mental-health problems and the information supporting them. It is *not* an interview schedule: *it is your prerogative how and when to ask questions*.
2. Rapid screening questions are placed first in the document, with an arrow pointing to the page number, p, where additional questions can be found for the screening question (e.g. → p4). Relevance of information varies across assessments and further data is only required for screening questions that have been given a "yes" response. However, by answering all screening questions, GRiST will have recorded your comprehensive consideration of risk issues irrespective of how much information is actually supplied, which you are free to decide depending on the context and circumstances of the assessment.
3. Many questions have a ten-point rating scale to record your subjective judgement about the extent to which the item applies to the person. Response choices range from 0 for no extent, to 10 for maximum extent, with labels above the boxes to help interpret the meaning of the numbers. *Do not worry about the exact number: the ten-point scale allows for a margin of error and you are only expected to give a response that "feels right"*.
4. Give dates as accurately as you can but leave the days and/or months blank if unknown.
5. If items were considered during assessment but no answer was obtained, mark the *dk* box for "Don't Know".

PERSONAL DETAILS

Consumer ID:

Age: years

Gender: ☐ male ☐ female

Marital status: ☐ single (never married) ☐ married (first marriage)

☐ remarried ☐ separated but legally married ☐ divorced ☐ widowed

Does the person share his or her living accommodation with anyone (if no, ignore all indented questions, as explained in the instructions)? ☐ y ☐ n

Does the person live with any dependents (older relatives or children)? ... ☐ y ☐ n

number of dependents

Approximate age of youngest dependent

Which non-dependents share the living accommodation (tick all that apply)?

☐ partner ☐ carer ☐ friends/communal ☐ sibling(s) ☐ parent(s) ☐ other relatives

Please check the most appropriate race category for the person:

☐ White ☐ Black/African American ☐ Native American
☐ Asian/Pacific Islander ☐ Multiracial

6a. Check the this person's ethnicity ☐ Hispanic ☐ Non-Hispanic

ACTION TO BE TAKEN

Rapid screening questions**SCREENING QUESTIONS LINKED TO A PARTICULAR RISK****SUICIDE**Has the person ever made a suicide attempt? *If yes, → p6*.....☐y ☐n ☐dkAre you concerned about the person's current intention to commit suicide? *If yes, → p6*☐y ☐nAre you concerned about the person being exposed to circumstances or emotions that could trigger suicide attempts? *If yes, → p7*.....☐y ☐n☐y ☐n ☐dkIs the person having suicidal thoughts or fantasies? *If yes, → p7*.....☐y ☐n ☐dk**SELF-HARM**Has the person ever made any self-harm attempts? *If yes, → p7*.....☐y ☐nAre you concerned about the person being exposed to circumstances or emotions that could trigger self-harm? *If yes, → p7*.....☐y ☐n ☐dkIs the person having self-harming thoughts or fantasies? *If yes, → p8*.....**HARM TO OTHERS OR DAMAGE TO PROPERTY**Has the person ever engaged in episodes of harm to people/animals or damage to property (fire setting, vandalism, etc)? *If yes, → p8 but also record the most important information below*☐y ☐n ☐dk– Were any of the previous episodes physical or sexual assaults/abuse? *If yes, → p8*.....☐y ☐n ☐dk

– Has the person ever engaged in fire setting behaviour? ☐ people in domestic setting ☐ health/ social care workers
☐ friends/acquaintances/work colleagues ☐ ethnic groups
☐ authority figures

If yes, → p9.....☐y ☐n ☐dk

– Tick all groups of people who are known to have been the target of any harm by the person.

☐y ☐n ☐dk☐y ☐nDo you believe the person has an intention to cause harm or damage? *If yes, → p9*.....☐y ☐n ☐dkAre you concerned about the person being exposed to circumstances or emotions that could trigger harm or damage? *If yes, → p9*.....☐y ☐n ☐dkIs the person having thoughts or fantasies about harming people/animals or damaging property? *If yes, → p9*.....☐y ☐nAre there any child protection issues? *If yes, consider "risk to dependents" on p.5 as well as general harm to others*.....**SELF NEGLECT**Are you concerned about the person being at risk of self neglect? *If yes, → p10*.....

min		low			medium			high		max		dk
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VULNERABILITY OF SERVICE USER

To what extent does the person exhibit behaviour that could indicate vulnerability to sexual harrasment or abuse?

☐y ☐n ☐dk

min		low			medium			high		max		dk
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Does the person have a history of falls or other accidents?.....

To what extent does the person lack the ability to look after daily living requirements (cooking, shopping, cleaning, etc)?.....

SCREENING QUESTIONS RELEVANT TO MORE THAN ONE RISK

- Are you concerned about risks due to the person's feelings/emotions? *If yes, → p10.* ☐y ☐n
- Are you concerned about risks due to the person's sense of self worth? *If yes, → p11.* ☐y ☐n
- Is there any history of depression or serious mental illness, including any current episode? *If yes, → p11.* ☐y ☐n ☐dk
- Are you concerned about risks due to the person's mental faculties? *If yes, → p11.* ☐y ☐n
- Are you concerned about personality factors and their impact on risks? *If yes, → p12.* ☐y ☐n
- Are you concerned about the person's motivation and engagement with the world? *If yes, → p12.* ☐y ☐n
- Are you concerned about risks due to the person's social context (relationships, living arrangements, finances, employment, any detrimental changes)? *If yes, → p12.* ☐y ☐n
- Are you concerned about the person's general current behaviour (eg risk-taking, sleep patterns, daily activities, living skills)? *If yes, → p13.* ☐y ☐n
- Does the person have a history of misusing drugs or alcohol? *If yes, → p13.* ☐y ☐n
- Are you concerned about the person's lack of insight and sense of responsibility? *If yes, → p13.* ☐y ☐n
- Is the person suffering from any physical health problems? *If yes, → p13.* ☐y ☐n ☐dk
- Are you concerned about the person's concordance with mental-health treatment? *If yes, → p13.* ☐y ☐n
- Does the person have a history of adverse life events (eg suffered abuse, criminal justice proceedings, bereavement)? *If yes, → p14. Consider also social context (p.12) and physical health (p.13).* ☐y ☐n ☐dk
- Does the person's behavioural presentation cause you concern about risks (eg verbal and physical behaviour, uneasy 'gut' feeling)? *If yes, → p14.* ☐y ☐n
- Are you concerned about the person's diet? *If yes, → p15.* ☐y ☐n

END OF SCREENING QUESTIONSGeneral comments

Additional questions specific to a particular risk

These questions only need to be answered if flagged by the screening questions as relevant or appropriate for this particular assessment.

Additional questions for SUICIDE**Further questions on past and current suicide attempts**

- When was the last suicide attempt?..... d m y ☐dk
- Has there been more than one suicide attempt? ☐y ☐n ☐dk
- When was the first suicide attempt? d m y ☐dk
- Approximately how many suicide attempts have there been? approximately
- How have the suicide attempts changed in frequency over the last two years? ☐ decreasing ☐ same ☐ increasing
- To what extent were the suicide attempts well planned?

min	low	medium	high	max							
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Was a suicide note written for any previous or current suicide attempts? ☐y ☐n ☐dk
- To what extent were the suicide attempts concealed to prevent discovery?

min	low	medium	high	max							
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How lethal was the most serious method used by the person in any of the suicide attempts (i.e. how likely to succeed in killing the person without any intervention)? ...

min	low	medium	high	max							
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- To what extent do you believe the person wanted the suicide attempts to succeed?

min	low	medium	high	max							
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How much does the person lack any regret or remorse over having tried to commit suicide in the past?

min	low	medium	high	max							
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- To what extent does the person lack awareness about how dangerous the suicide attempts were?.....

min	low	medium	high	max							
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further questions on current intention to commit suicide

- Does the person have any plans for making a future suicide attempt? ☐y ☐n ☐dk
- To what extent can the person easily carry out the suicide plan (consider realism of plan and access to means of putting it into effect)?

min	low	medium	high	max							
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How clear and detailed is the suicide plan?

min	low	medium	high	max							
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How many steps has the person taken towards implementing the suicide plan? ...

min	low	medium	high	max							
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How likely is the chosen method to succeed once the attempt has started?

min	low	medium	high	max							
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Has the person told anyone about an intention to commit suicide? ☐y ☐n ☐dk
- To what extent has the person made end-of-life preparations matching those that would cause you most concern about suicide risk (eg written a will, sorted finances, put house in order, written suicide note)?.....

min	low	medium	high	max							
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further questions on potential triggers for prospective suicide

- To what extent is the person exposed to circumstances or emotions that may trigger a suicide attempt?
- To what extent do the person's current emotions or circumstances match those that are known to have triggered previous suicide attempts?.....

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further questions on suicidal ideation

- To what extent does the person lack ability to control suicidal thoughts or fantasies?
- How much does the content of the suicidal thoughts or fantasies raise serious concerns about suicide risk?
- How often do the suicidal thoughts or fantasies occur?
- How persistent, intrusive, or intense are the suicidal thoughts?

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐daily ☐weekly ☐monthly
☐less ☐dk

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General suicide questions

What effect do the person's religious values or beliefs, if any, have on risk of suicide?

To what extent does the person have a pattern of self-harming that indicates suicide risk?

Has there been any history of suicide attempts in the person's family?

☐strongly reduce ☐same ☐no effect
☐increase ☐strongly increase ☐dk

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐y ☐n ☐dk

Additional questions for SELF-HARM**Further questions on past and current episodes of self-harm**

- When was the last self-harm episode?
- Has there been more than one self-harm episode?
- When was the first self-harm episode?
- Approximately how many episodes of self-harm have there been?
- Are the self-harm episodes increasing or decreasing in frequency over the last two years?.....
- How much planning was generally involved in the self-harm episodes?.....
- To what extent are the self-harming attempts concealed to prevent discovery?
- In general, how likely is it that the chosen self-harm methods could lead to death?
- How much were the self-harm episodes more than a cry for help?
- Did the self-harm episodes help the person cope with difficulties?

d m y ☐dk
☐y ☐n ☐dk

d m y ☐dk
 approximately

☐decreasing ☐same
☐increasing ☐dk

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 1 2 3 4 5 6 7 8 9 10 dk
☐y ☐somewhat ☐n ☐dk

Further questions on potential triggers for prospective self-harm

- To what extent is the person exposed to circumstances or emotions that may trigger self-harm episodes?
- To what extent do the person's current emotions or circumstances match those that are known to have triggered any previous episodes of self harm?.....

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further questions on self-harm ideation

- How persistent, intrusive, and intense are the self-harming thoughts?
- How often do the self-harming thoughts or fantasies occur?

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly											
<input type="checkbox"/> less <input type="checkbox"/> dk											

General self-harm questions

To what extent does the person display evidence of self-harming cuts?

Has there been any history of self-harm in the person's family?

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> y <input type="checkbox"/> n <input type="checkbox"/> dk											

Additional questions for HARM TO OTHERS OR DAMAGE TO PROPERTY**Further questions on past and current episodes of harm or damage****Questions on emotional episodes of harm to others**

- Has the person ever inflicted emotional cruelty on others (including racial abuse)?
- How serious was the emotional cruelty?
- When was the first episode of emotional cruelty?
- When was the most recent episode of emotional cruelty?

<input type="checkbox"/> y <input type="checkbox"/> n <input type="checkbox"/> dk											
min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d m y <input type="checkbox"/> dk											
d m y <input type="checkbox"/> dk											

Further questions on any violent assault/physical abuse

- How serious was the most severe assault or physical abuse?
- When was the first episode of assault/physical abuse?
- When was the most recent episode of assault/physical abuse?

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d m y <input type="checkbox"/> dk											
d m y <input type="checkbox"/> dk											

Questions on sexual assault/abuse

- Were any of the assaults rape or some other form of sexual abuse?
- Tick the most serious form of sexual assault by the person?
- When was the first episode of sexual assault?
- When was the most recent episode of sexual assault?

<input type="checkbox"/> y <input type="checkbox"/> n <input type="checkbox"/> dk											
<input type="checkbox"/> indecent exposure <input type="checkbox"/> forcible fondling <input type="checkbox"/> sexual assault with an object <input type="checkbox"/> forcible oral or anal intercourse <input type="checkbox"/> rape											
d m y <input type="checkbox"/> dk											
d m y <input type="checkbox"/> dk											

Questions on destructive acts against property

- Has the person ever engaged in destructive acts concerning property (excluding fire setting)?
- How serious were the destructive acts concerning property?
- When was the first destructive act concerning property?
- When was the most recent destructive act concerning property?

<input type="checkbox"/> y <input type="checkbox"/> n <input type="checkbox"/> dk											
min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d m y <input type="checkbox"/> dk											
d m y <input type="checkbox"/> dk											

Further questions on any fire-setting

- How serious were the acts of fire setting?.....
- When was the first episode of fire setting?
- When was the most recent episode of fire setting?

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		d		m				y		<input type="checkbox"/>	dk
		d		m				y		<input type="checkbox"/>	dk

Questions on abuse of animals

- Has the person ever abused animals
- How serious was the animal abuse?
- When was the first episode of animal abuse?
- When was the most recent episode of animal abuse?

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		d		m				y		<input type="checkbox"/>	dk
		d		m				y		<input type="checkbox"/>	dk

Questions relating to any previous episodes of harm or damage

- Approximately how many episodes of all types of harm or damage are there known to have occurred?.....
- How are the episodes of harm or damage changing in frequency?.....
- To what extent does the person continue to believe there was nothing wrong with causing harm or damage?.....

approximately

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		d		m				y		<input type="checkbox"/>	dk
		d		m				y		<input type="checkbox"/>	dk

Further questions on intention for harm or damage

- To what extent does the person's plan for harm or damage match one that would cause you most concern?.....
- To what extent does the person have the means and know-how for carrying out the plan to harm or damage?
- To what extent has the person taken steps towards implementing the plan to harm or damage (eg made threats, monitored the victim)?
- Has the person got any particular victim(s) in mind for harming?

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		d		m				y		<input type="checkbox"/>	dk
		d		m				y		<input type="checkbox"/>	dk

Further questions on potential triggers for prospective harm or damage

- To what extent is the person exposed to emotions or circumstances that could trigger episodes of harm or damage?.....
- To what extent do the person's current emotions or circumstances match those that have previously triggered episodes of harm or damage?

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		d		m				y		<input type="checkbox"/>	dk
		d		m				y		<input type="checkbox"/>	dk

Further questions on ideation about violence

- To what extent does the content of the person's thoughts or fantasies raise serious concerns about risk of harm or damage?
- How often do the thoughts or fantasies about harm or damage occur?
- How persistent, intrusive, or intense are the thoughts/fantasies of harm or damage?.....
- To what extent do the thoughts/fantasies of harm or damage relate to the people, events, and circumstances in the person's own world (ie the realism of the thoughts)?.....

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		d		m				y		<input type="checkbox"/>	dk
		d		m				y		<input type="checkbox"/>	dk

General questions on harm or damage

What effect do the person's religious values or beliefs have on the risk of harm or damage?

☐ strongly reduce ☐ same ☐ no effect
☐ increase ☐ strongly increase ☐ dk

To what extent is there a history of violence, abuse, or aggression in the person's family?

min	low			medium			high			max	
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent does the person have an interest in pursuits related to violence (eg weapons, violent videos or computer games)?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent does the person's appearance match one that would cause you most concern about risk of harm or damage (eg sweating, blood, state of clothes)?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional questions for SELF NEGLECT

To what extent do the person's hair and clothing indicate a failure to look after him or herself?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent does the person have poor personal hygiene (eg smell, dirty hair and nails)?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent has there been a recent change in appearance suggestive of self neglect?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent does the person's skin (condition, lesions, injuries, etc) indicate self neglect?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional questions for information that is relevant to more than one risk**Further questions on feelings/emotions**

– To what extent does the person have unstable moods or mood swings?

min	low			medium			high			max	
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

– To what extent does the person have negative feelings about him or herself (eg self-hatred, guilt, shame, humiliation)?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

– To what extent is the person displaying anger?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

– To what extent does the person show anxiety (eg afraid, fearful)?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

– To what extent does the person feel helpless?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

– To what extent does the person seem sad or downbeat?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

– To what extent is the person displaying or expressing distress?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

– To what extent does the person lack any plans for the future?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

– To what extent does the person think life is not worth living?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

– To what extent is the person expressing jealousy?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further questions on client's perspective of self worth

- To what extent does the person have an exaggerated self-worth or grandiosity?.....
- To what extent does the person regard him or herself as worthless?

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further questions on mental health problems

- Does the person have any history of depression (past or present)?
- To what extent does the person appear listless or lacking energy and drives (eg loss of enthusiasm, libido, and/or interest)?

☐y ☐n ☐dk

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- What stage of depression best describes the current status?

☐ first ☐ relapse ☐ dk
☐ recovery (first) ☐ recovery (repeat)

- Does the person have any history of serious mental illness?.....

☐y ☐n ☐dk

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- How much does the person have insight into his or her mental-health problems?

- Is the person currently suffering from symptoms of a mental illness?

☐y ☐n ☐dk

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- To what extent is the person displaying manic or hypomanic behaviour (mood swings, fast speech, excessive irritability, recklessness, impulsivity, etc)?

Questions on voice hallucinations

- Does the person hear voices that are not present in reality?

☐y ☐n ☐dk

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- How much do the voices urge the person to harm or endanger him or herself?

- How much do the voices urge the person to harm or endanger other people?.....

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- How likely is it that the person will act on the voices?

Questions on paranoid delusions

- Does the person suffer from delusions (ie clearly incorrect and illogical ideas about his or her life and circumstances)?

☐y ☐n ☐dk

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- How much is the person obsessed with ideas that particular people known to him or her are behaving badly?

- How much is the person obsessed with ideas that other people are going to harm or persecute him or her?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- How likely is it that the person will act on delusions about other people?

Further questions on mental faculties

- Does the person have impaired cognitive functions (thinking processes, memory, concentration)

☐y ☐n ☐dk

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
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- To what extent have the thinking processes and memory deteriorated?

- How well is the person able to concentrate?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- To what extent do you believe the person to have learning disabilities?

Further questions on personality

- How assertive is the person?
- How much does the person lack empathy?
- To what extent is the person overdependent (weak, over-reliant on others, easily influenced, unable to function independently)?
- How organised is the person's general approach to life?
- How much does the person lack the capacity to cope with major life stresses?
- How hostile is the person?
- How impulsive is the person?
- How unreliable is the person?

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further questions on motivation and engagement with world

- How much has the person physically isolated him or herself from the world?
- How much has the person mentally disengaged or withdrawn from the world?
- To what extent does the person lack motivation in his or her general life?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further questions on social context**Questions on relationships**

- How much does the person lack supportive relationships?
- To what extent does the person have detrimental relationships or ones with people who have antisocial behaviours?
- To what extent does the person perceive his or her relationships to have changed for the worse (eg recent bitter divorce or separation; rows)?

0	1	2	3	4	5	6	7	8	9	10	dk
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions on living arrangements

- How often does the person move accommodation? ☐ *monthly or more* ☐ *every year*

☐ *several times per year* ☐ *less* ☐ *dk*

- What type of accommodation does the person have? ☐ *custody* ☐ *hospital* ☐ *homeless* ☐ *hostel* ☐ *dk*
☐ *rented/leased* ☐ *owned* ☐ *supported/nursing home*

- To what extent is the person's accommodation isolated from other houses and resources?.....
- To what extent does the neighbourhood exacerbate the person's particular risks (eg violent, easy access to drugs and unhelpful temptations)?
- To what extent is the person failing to care for the home?
- To what extent does the person think the accommodation is unfit to live in?

min	low		medium		high		max				
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions on financial problems

- How anxious is the person about perceived levels of debt?.....
- To what extent does the person's income fail to meet the basic essentials for supporting living requirements of the household (food, rent, heating, etc)?

min	low			medium			high			max	
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions on employment

- How unstable is the person's employment history (eg always changing, poor disciplinary record)?
- To what extent does the person believe a recent change in employment to be detrimental (eg loss of job, work stress)?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further questions on general current behaviour

- To what extent does the person take reckless risks (eg with sexual behaviour, driving, gambling and other leisure pursuits)?
- To what extent does the person experience sleep disturbance or difficulties with sleeping?
- To what extent has the person been behaving out of character in recent weeks?
- To what extent does the person's day lack any structure?

0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	dk
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- What is the person's general level of activity?.....
☐ passive/inert
☐ normal

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further questions on substance misuse

- To what extent does the person misuse alcohol to the detriment of his or her life? ...
- To what extent does the person misuse drugs to the detriment of his or her life?

min	low			medium			high			max	
0	1	2	3	4	5	6	7	8	9	10	dk
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Further questions on insight and responsibility

- To what extent does the person lack insight into the potential consequences of his/her risk-taking behaviour?.....
- To what extent does the person fail to take responsibility for the impact of his/her risk-taking behaviour?
- To what extent does the person recognise a need for help with mental-health issues?

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Further questions on physical health problems

- If the person has a life-threatening or degenerative illness (eg cancer, multiple sclerosis, HIV), when was it first diagnosed?
- To what extent does the person suffer from chronic or periodic pain?
- To what extent does the person suffer from problems that affect mobility and/or dexterity?
- To what extent has there been a deterioration in physical health over the last few months?

											d	m	y	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
min	low			medium			high			max				
0	1	2	3	4	5	6	7	8	9	10	dk			
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Further questions on engagement with health services/medication/therapies

- To what extent is the person failing to comply with any medication or therapies?.....

0	1	2	3	4	5	6	7	8	9	10	dk
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- | min | | low | | medium | | high | | max | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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- | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | dk |
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– Has the person ever been the victim of any form of abuse (eg physical, sexual, financial, emotional)?

- Has the person ever been sexually abused?
- When was the most recent episode of sexual abuse?
- Was the first episode of sexual abuse during childhood or early adolescence?
- Has the person ever been physically abused?
- When was the most recent episode of physical abuse?
- Was the first episode of physical abuse during childhood or early adolescence?
- Has the person ever been emotionally or racially abused?
- When was the most recent episode of emotional or racial abuse?
- Was the first episode of emotional or racial abuse during childhood or early adolescence?

- ☐y ☐n ☐dk
☐y ☐n ☐dk
 d m y ☐dk
☐y ☐n ☐dk
☐y ☐n ☐dk
 d m y ☐dk
☐y ☐n ☐dk
☐y ☐n ☐dk
 d m y ☐dk
☐y ☐n ☐dk

- Has the person ever been financially abused?
- Has the person ever faced serious criminal justice proceedings (court cases, custodial sentences, etc)?
- To what extent did the person grow up in emotionally disturbed or disruptive environments?
- How much has the person suffered from eating disorders in the past?
- How much has the person had bad educational experiences?

- [illegible]

- How difficult is it to have rapport and empathy with the person?
- To what extent is the person unwilling to communicate or respond to questions?
- To what extent do you have an uneasy 'gut' feeling about the person (eg about the person's honesty, something doesn't quite add up, something missing)?
- How aggressive/hostile is the person's tone of voice?
- How depressed and downbeat is the person's tone of voice?
- To what extent is the person failing to make sense (eg incoherent, irrational)?
- To what extent does the person's body language indicate distress?

- [illegible]

- To what extent do the person's movements, posture, and facial expression indicate a low, downbeat, or gloomy mood?.....
- How aggressive or threatening are the person's movements and posture?
- To what extent does the person appear detached or preoccupied?
- To what extent does the person avoid eye contact?
- What is the person's predominant form of eye movement?
- How much do the person's physical, verbal, and emotional presentations appear consistent with each other (degree of congruence)?

[illegible]

Further questions on appropriateness of diet

- To what extent does the person fail to eat appropriately?

- Is the person's weight a cause of concern? ☐ *extreme underweight* ☐ *underweight* ☐ *dk*
 Tick the appropriate description..... ☐ *weight OK* ☐ *overweight* ☐ *extreme overweight*

- How much has the person experienced weight change in recent months?

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
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0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- To what extent does the person fail to drink adequately?.....

ADDITIONAL COMMENTS ON THE RISK ASSESSMENT AS A WHOLE

Form completed by:

Setting (where completed):

d m y

Risk judgements

Please use your judgement to assess the risks associated with the person, incorporating information you have obtained from the screening questions and any appropriate additional information.

SUICIDE: In your judgement, to what extent is the person at risk of suicide?

Comments

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELF-HARM: In your judgement, to what extent is the person at risk of self-harm?

Comments

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELF-NEGLECT: In your judgement, to what extent is the person at risk of self-neglect?

Comments

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
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HARM TO OTHERS OR DAMAGE TO PROPERTY: In your judgement, to what extent is the person at risk of causing harm to people/animal or damaging property?

Comments

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
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VULNERABILITY OF SERVICE USER: In your judgement, to what extent is the person at risk due to his or her vulnerability (consider physical, emotional, sexual, and financial vulnerability)?

Comments

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
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RISK TO DEPENDENTS: In your judgement, to what extent does the person put dependents at risk, if any (answer zero if there are no dependents)?

Comments

min		low		medium		high		max			
0	1	2	3	4	5	6	7	8	9	10	dk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
